

# THE MEDICAL AND SURGICAL REPORTER.

No. 511.]

PHILADELPHIA, DECEMBER 15, 1866. [Vol. XV.—No. 24.

## ORIGINAL DEPARTMENT.

### Communications.

#### A PLEA FOR THE LANCET.

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Read before the Northern Medical Association of Philadelphia.

Among the various means resorted to for the relief and cure of disease, blood-letting has at all periods in the history of the world occupied a conspicuous place. It has always been employed to a greater or less extent by educated and intelligent practitioners of medicine and surgery, and has formed also no inconsiderable part of the art as conducted by quacks and charlatans.

Freely, however, as it has at times been practised, and great as has been the good accomplished by its means, there have never been wanting those who have doubted its efficacy and opposed its use. From time to time in the history of medicine, particular sects have arisen, both in and outside of the school of regular practitioners, who have refused to employ it; some upon the ground of its being invariably injurious to the human system, others professing to obtain from the administration of medicines all the remedial effects that are supposed, under various circumstances, to follow the abstraction of blood. The tide of professional opinion upon this, as upon other points of theory and of practice, has had its ebbs and flows; at one time the phlebotomists appear to have entire control of the professional thought and will; at another, the practice is allowable only under rare and peculiar circumstances; and again, it falls into almost entire neglect and disuse, and is referred to (if at all) as an old and pernicious practice, long since consigned to merited oblivion. But, after a time, a new generation of bleeders arises, has its day, its triumphs, its opponents, its decline, and its fall. Thus, our views are always changing; constantly circling around the truth in science, and never perhaps exactly constant and faithful to it.

The present day seems to have found us at an epoch when the practice of bleeding has fallen into comparative disuse. The current of public

opinion sets strongly against it, and that of the profession following, where, by every consideration, it ought to lead, seems every day gradually but surely becoming more and more averse to it. Within my recollection it was habitually resorted to in various deranged and disordered states of the economy, and in this city the business of a bleeder was a very common and a very lucrative one; to-day he is a bold man, be he physician or layman, who ventures to propose it under almost any circumstances.

That this should be the case ought not perhaps to be a matter of surprise; various causes, easily traced and recognized, have contributed to bring about this result. First, and chief among these, is probably the abuse of the practice. A remedy so powerful, must, if improperly employed, be as potent for evil, as, under other circumstances, it might be for good; and, if we stop to consider the temptations to its ill-directed use, the dangers of excess, when its moderate use would be beneficial; we soon realize that very much of malpractice has been committed with the lancet; and that it is only when carefully and judiciously employed that good alone, and not evil, will result. Another cause is to be found in the success that has attended homœopathic treatment; which, prescribing and rigidly adhering to a carefully restricted diet, accomplishes by a slow process a result similar to that which is quickly obtained by the abstraction of blood. But, from whatever cause resulting, the fact of the unpopularity of the lancet remains; and our purpose to-night is to ask whether we are not too entirely losing sight of its value as a therapeutic agent, and to inquire how far the indications for treatment which it fulfils can be supplied by other remedies and processes of treatment; and under what circumstances, and to what extent we ought, as intelligent and conscientious practitioners, to resort to its use.

And here, perhaps, it may help to divest us of our prejudices (if we have any) to say that the loss of blood is nature's remedy; that it is one of the processes by which she works out her cures, and brings the system, disordered by accident or disease, back to a state of health. A

great majority of the injuries produced by direct violence to the frame are accompanied by a solution of its continuity, and of necessity by a greater or less loss of the vital fluid; and that this is a beneficent provision of nature, and not an accidental circumstance, is abundantly evident from the results which follow. When moderate in quantity, and particularly when flowing from the capillary vessels, the effect is almost invariably beneficial.

From a very extended experience and observation of gunshot and other wounds, and their results during the late rebellion, I think I may lay down the principle that, other things being equal, wounds, whether they be slight or severe, accompanied by moderate hemorrhage, do better than those not so attended. And these observations were noted upon a class of patients, whose circumstances and habits of life were not such as to keep the vital forces up to the normal standard, or to fit them moderately well for antiphlogistic treatment. Further, it was continually a matter of remark in army hospitals to notice the rapidity with which patients, exhausted by arterial hemorrhage, recovered their flesh and strength, and how almost universal was their exemption from the various intercurrent diseases and complications. Our tabulated statements of secondary hemorrhage, with the operations by ligature or otherwise, and their results, show such a very large proportion of recoveries, as to prove that the loss of blood in itself, even in very great excess, does not materially diminish the prospect of recovery.

I recollect particularly the case of a soldier, who almost succumbed to a profuse hemorrhage from sloughing of the femoral artery, just at the point where it becomes popliteal. For twenty-four hours after I ligated the artery his life seemed barely sustained by warmth and stimulants; and yet, three weeks afterward he walked about the ward by the aid of crutches, and in five weeks was sufficiently well to accept a furlough, and travel to his home in a distant State. That soldier returned to the hospital, and was forwarded to his regiment, an able-bodied man, in a little more than three months from the time that he lay almost in articulo mortis from the loss of blood.

But it is not for injuries alone that nature provides this remedy. Epistaxis can scarcely be considered a disease. In the greater number of cases, it is but the evidence that the vital fluid is in excess, and this is but the opening of the safety-valve of the economy, and thus prevent the agent that gives vitality and action to the

mechanism, from destroying it. The same remarks are approximately true of hemorrhoids or bleeding piles. Few of us think it proper to interfere in either of these affections, until they become strictly morbid from their excess. I had some years ago a patient, a stout, robust and healthy man, weighing over two hundred pounds, who stated that for more than twenty years, he had constantly recurring, and free hemorrhages from the rectum. When these discharges ceased for more than a month or six weeks at a time, which very seldom happened, he invariably suffered so much from headache, vertigo, dulness and hebetude of mind, as to induce him to seek relief by losing blood from the arm, and such cases are doubtless familiar to most practitioners. Even in the course of fevers and other debilitating disorders, we have the so-called critical hemorrhages, which physicians have generally been accustomed to regard as salutary, so long as they did not become profuse; and to think that the weakness resulting to the system as more than compensated by the general amelioration of the symptoms which followed the hemorrhage. And even the lung hemorrhage that precedes and accompanies so many cases of tubercular consumption, has not infrequently, and not without cause, been regarded as curative. Certain it is, that many persons suffering from consumption with hemoptysis, last a long time, and live to spit up a vast amount of blood. I saw a few years ago, a record of thirty cases of phthisis occurring in the practice of a medical friend, nine of which were accompanied to a greater or less degree by bleeding from the lungs. The average duration of the disease in the latter class was one year and seven months, of the remainder, eleven months and a half. This would be a not uninteresting subject for observation and study; and although upon theoretical grounds, we might decide that tubercular consumption was a disease of all others least liable to be benefitted by loss of blood, the decisive logic of facts if carefully observed, may yet require us to modify our views.

Why, then, should we hesitate upon occasion to abstract blood; we as physicians but assist nature, and follow the paths that she points out. Our physiological studies tell us that the blood is an ever varying fluid, undergoing very material changes within limits which may be considered normal. Its quantity and the relative proportion of its constituents, vary with the constantly changing circumstances of our lives. The time of day, the season of the year, the state of activity or repose, and most of all the partak-

ing of or abstinence from food, its quantity and its quality, all have their effect in increasing or diminishing the amount of blood or of some of its constituents. A single full meal when digested materially augments the amount of blood circulating in the vessels of a living animal. Starvation, even for a short period, as notably diminishes it. Its loss in a state of health is quickly made up by increased appetite and digestion; and when it is desirable, on account of the presence of disease, that its amount should be diminished, a loss of appetite and abhorrence of food slowly, but after a certain time surely accomplishes this result. To bleed, in the case of a pleurisy, or of an inflammation of the brain; is to accomplish directly in fifteen minutes, what nature will endeavor to do indirectly in three or four days; and the loss in either case will be made up in the same way when the diseased action has ceased.

The indications which call for blood-letting are the relief of general plethora, the relief of local plethora (whether it be a local inflammation or a passive congestion,) and in diseased states of the blood itself, to moderate the diseased action by diminishing the amount of the blood.

General plethora may be defined as a condition of system in which all the vital forces are preternaturally active, but more particularly those of digestion and assimilation; and as a consequence of this augmentation of the nutritive function there is not only too much blood in proportion to the other parts of the system, but its vital and life giving constituents are in marked excess. This state of things is one frequently presented to us, and though possibly not to be considered in itself a disease, is yet as a predisposing cause, the parent of a vast number of diseases known as local inflammations, few, if any, of which have any innate tendency toward health. These local inflammations constitute one form of local plethora—the active form—and may be defined as morbid accumulations of blood in a part, the result of some irritating or exciting cause, accompanied by more or less febrile action. It is here that bleeding is most necessary, and most signally of benefit. While in the case of general plethora we have as a rule no call for immediate action, and can accomplish by the slower processes of sedatives, purgatives, abstinence and exercise, effects in a great degree similar to those we should obtain from the use of the lancet; we have here to act promptly and obtain relief at once. And the effect is prompt and decisive.

Often the course of an inflammation can be cut short at once by a single bleeding, and never is

the remedy without its effects in producing an amelioration of the symptoms. These results are brought about, not only by a reduction in the amount of blood in the system, and in the affected part; but the presence of the abstracted fluid being supplied partially by the absorption of liquid from the alimentary canal, and from the system at large, the relative amount of its active constituents is reduced, and it becomes less plastic and less stimulating. This can be effected, so far as my judgment goes, in no other way. We have adjuncts and assistants to the lancet in abundance. We have sedatives; medicines that will reduce the force and frequency of the heart's pulsations; we have local applications to mitigate local inflammations; but nothing that can fairly be considered a substitute for the lancet under such circumstances. There is, it is true, an approximate alternate in the specific action of the mercurials. These medicines, we know, will lessen and finally destroy the creative power of the blood, and will even break up recently formed tissues, whether they be morbid or normal; but during the time we are administering them, the quantity of blood in circulation remains the same, and when in considerable excess, inflammatory action, fatal from the disorganization of tissue, may be going on while we are administering our remedy.

Blood-letting has been recommended and practised in the various fevers and the so-called blood diseases, on theoretical grounds, probably scarcely tenable, and with so variable success as still to permit the question of its propriety to be mooted. The advocates of phlebotomy, under these circumstances, say, that by lessening the amount of blood, the amount of blood-poison is diminished, and a better opportunity given the system of eliminating and throwing off what remains. Thus in malignant scarlatina and other pernicious fevers, the powers of life seem to be at once overwhelmed and prostrated by the force of the disease; and in these cases, a portion of blood being abstracted, the power of the depressing influence seems to be lessened, and a sufficient time gained for the vital forces to react, and gradually throw off and get rid of the poison that remains.

In this connection I may state, that I have, during the past months, attended five cases of scarlatina anginosa, among the children of one family, two of which may be fairly stated to have been malignant, and one of which died. In the case of the child which was attacked fourth in order, a very robust, fat, and healthy boy, the disease was ushered in with convulsions; at least,

they appeared within two hours of the very first evidence of febrile action, and continued without intermission until I saw the case, two hours and a half later. I bled, with much more care and circumspection, of course, than if the convulsions had been dependent upon almost any other cause; taking the blood rapidly from a large orifice, and closing it as soon as a decided impression was made. The convulsions ceased almost immediately, and consciousness returned in a little more than an hour. This child, although its attack was very severe indeed, and attended by a very great swelling of the throat, did not lose its consciousness again, or become delirious during the course of the disease. Although now suffering from an abscess in the cervical region, it is, of the four survivors, without doubt, making the best convalescence.

And it is not the least among the recommendations of blood-letting, that it can be said, that it can be resorted to when, from the condition of the patient, the internal administration of medicines is impossible. We can bleed our unconscious patient, whether he lie in convulsions, be stricken down by apoplexy, or from whatever morbid influence his brain is incapable of receiving external impressions; and when, through the powerful influence of the lancet, we have restored him to consciousness, we can employ other agents to complete the work it has so well begun. What proportion of apoplectic attacks would end in recovery, if we were confined simply to external applications until the patient could swallow medicine? Doubtless, very few. And if, in infantile and puerperal convulsions, we were debarred from bleeding, many, very many of our patients would get rid of their diseases only with their lives.

Bleeding has been practised extensively in cholera, in pernicious intermittents, and various affections accompanied by great engorgement of the venous system, and, as has been said before, with variable success. Though now little resorted to for these affections, good authority for the practice is not wanting, and further observation and experience is needed to show when and to what extent it should be resorted to in these affections.

Bleeding should be resorted to early, very early. The time for its employment is in the onset of disease, and it should be used with the utmost caution at any other time. As has been said before, after the lapse of a few days, abstinence from food has already accomplished the result that we propose; and if it has not been accomplished as perfectly as it would have been

by bleeding; if, in other words, the inflammatory action has gone so far, or been so severe, as to produce structural alteration, the lancet is powerless for its repair. The damage has been done, the injury has been made, and must be repaired, if repaired at all, by other means. Bleeding is now not only useless, it is of positive and direct injury. It weakens the system, and reduces the vitality to a point where the process of repair is slow, or incapable of acting at all. The point at which it ceases to be beneficial, and becomes injurious, is, of course, one varying with each case, and often requiring the nicest judgment for its determination; but a good and safe rule is to bleed early, or not at all.

The bad effects which have resulted from the exhibition of the lancet, are attributable, in a measure, to the facility of its employment, and to the want of the exercise of proper care and judgment on the part of the practitioner. In consequence, it has sometimes been resorted to needlessly, sometimes empirically, and sometimes, when necessary, it has been carried to an injurious extent. The temptations to have recourse to it in obscure cases of disease, when it seemed difficult to decide what to do, has sometimes been too great to be resisted. And when the experiment has proved not only useless, but positively injurious to the patient, the remedy has suffered in the estimation of the public, and perhaps also in that of the physician. And after witnessing repeatedly the good effects of free and freely repeated bleedings in inflammatory diseases, one forgets that there is a limit to its employment, and pushes a good remedy to an injurious extreme, and perhaps does as much injury as, if rightly applied, he would have done good. So, in this case, the reputation of the remedy suffers, *not* from its use, but from its abuse. Such has been the case with all the other prominent remedial agents with which we are familiar. What has caused the deep-seated and ineradicable prejudice against the use of mercury in the popular mind, but the flagrant manner in which it has been abused?

That this remedy may be less needed by the present generation than by those which have immediately preceded it, and by Americans than by most of the peoples of Europe, may *possibly* be true. Our habits of life in this country, especially among what are known as the middle classes, are unfortunately such, that weakened and debilitated constitutions are too frequently the rule, and strong and vigorous health the exception. The study of the various causes producing this result, would profitably employ the



best talent of the profession. In nothing, however, do we sin more, than in the neglect of proper care in maintaining a healthy state of the digestive organs. We are emphatically a dyspeptic people. Our teeth are decayed, our stomachs sour with fermented contents, our livers torpid, our bowels constipated. Physicians find a rich harvest in the ills directly traceable to improper food, bad cooking, and to inordinate and irregular eating. But their vocation lies in preserving the health of the community, as well as in curing the sick; and the profession has yet much to teach, and the people yet much to learn, of some of the simplest rules of hygiene.

From deranged digestive organs must come imperfectly elaborated blood; more slowly produced, and in diminished quantity, and wanting perhaps in those highly vitalized elements upon which full health depends. We see the victims of dyspepsia daily in the practice of our profession; persons with pale and anxious looking faces, and their spare frames; capable of little muscular effort, and of little nervous or mental vigor. Such persons are always to be found hungry, eat more frequently, and consume more at a meal than the average of healthy people; but their digestive organs are incapable of appropriating the food they partake of, and they remain thin, pale and bloodless, with little power of resisting either disease or treatment. With such patients the loss of a little blood is a loss that it takes a long time to repair, and their diseases, under all circumstances, are treated with difficulty. It is to be feared that this class, already numerous, increases rather in number; not only in our large cities, but in the rural districts; so that the country no longer sends a strong and healthy element to take the place of the worn out and enfeebled city population.

Thus it happens that we now see fewer persons in whom blood-letting is admissible; cases constantly occur in which, although the disease demands it, the physician is obliged to proceed with the utmost caution. It may be evident that bleeding will be decidedly beneficial, but he also knows that the blood-creating power is weakened, and that, although he may cure the disease, weeks, and perhaps months, may elapse before the loss of blood can be repaired. Hence, he is obliged to pursue a tentative course, to bleed sparingly, and to abstract no more than is absolutely necessary for the relief of the most urgent symptoms. Thus, while in a healthy person, he will cure a pleurisy in two bleedings, and see his patient out again in a few days; in a delicate

and frail constitution, he will prescribe for the same disease through three or four weeks, and leave his patient at last in a condition that it will take as many months from which to recover entirely.

These remarks have been hastily thrown together, not for the purpose of saying anything new upon the subject, or of advancing any views which are not familiar to all; but rather for the purpose of directing the attention of the profession, and more particularly of the younger members of it, to facts and views not disputed, but, in the constant changes which time ever brings, apparently partially lost sight of. Our older physicians act upon these views habitually; they know from experience their practical value, and their opinions and their practice alike bear evidence to their truth. But our teachers do not seem to inculcate them as they were accustomed to do even fifteen or twenty years ago; or to insist upon them with the emphasis that such important principles would seem to demand. Some of our doctors seem to be making the effort to offset homoeopathy (which has effected its cures by dieting and starving) by stuffing the sick, and feeding them to repletion—a preferable process to the patient truly, if nothing very serious be the matter with him; but whether the practice will succeed in acute disease, admits of question. The supporting treatment is valuable, doubtless, in cases suited to it, and in all cases at the proper period; but nourishing food as well as bleeding may be run into the ground, and there I believe the tendency is to push it at the present time. Let it be remembered that our patients will not and cannot take food at certain stages of their diseases. Nature creates this loathing for a certain and specific purpose. Let us be taught by this fact, and when the desire for food returns, even in the slightest degree, we may safely begin to administer it. "There is a time for all things;" there is a time to prescribe food; there is a time to prescribe medicine; and there is a time to bleed.

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#### "Post Mortem" Compliments.

A servant of an old maiden lady, a patient of Dr. POOLE'S, of Edinburgh, was under orders to go to the Doctor every morning, to report the state of her health, how she slept, etc., with strict injunctions always to add, in conformity to etiquette, "with her compliments." At length, one morning, the girl brought the following startling message: "Miss S——'s compliments, and she de'ed last nicht at aicht o'clock."

## OVARIOTOMY.

By JOSHUA B. GRAVES, M. D.

Of Corning, New York.

(Reported by C. M. Graves, M. D.)

November 12th, 1864, I was called in consultation with Dr. M. L. BACON, of Mansfield, Pennsylvania, to see Ellen Kernan, aged 23. She had been at the time I first saw her, six years married—had had two children, and three miscarriages—the first in December, 1862, the second in June, 1863, and the third in March, 1864, with entire suppression of menses since last miscarriage. Immediately after her last miscarriage she commenced bloating. Subsequently on careful examination a tumor was discovered occupying the left inguinal region. From that time the abdomen continued to enlarge up to November 12th, when I found her as follows.

Abdomen enormously distended, with pouting of the umbilicus, not unlike umbilical hernia; respiration hurried and labored; heart sounds normal, with action accelerated; skin normal; urine suppressed, with slight deposit of urates; bowels constipated, with alternate slight attacks of diarrhoea; pulse soft, accelerated, and contracted; pupils dilated, tardily responding to the action of light; fluctuation distinct over entire abdomen; protrusion of the posterior vaginal wall through the external genitalia to the extent of a large sized tea cup.

I immediately recommended and performed paracentesis abdominis. Made an incision and introduced a trocar and canula three inches below, and a little to the left of the median line. Twenty-five quarts—by actual measurement of turbid serum highly charged with albumen (as ascertained by heat, and the nitric acid test) were drawn off. The evacuation of this fluid disclosed the presence of a large tumor, irregular in its outlines, portions of it hard, other portions soft and fluctuating; occupying the entire left side of the abdomen, extending across and filling two-thirds of the right side as high up as the liver.

Within half an hour after the operation, reaction commenced: the pulse became soft full, and compressible; respiration relieved; heart's action tranquilized; retrocession of the prolapsed vagina. Three hours after a copious evacuation of urine took place. Administered morphia, gr.  $\frac{1}{2}$  and quinia gr. ij. under which, patient rested well.

November 13th. Patient comfortable, with good appetite.

14th. No change.

15th. Patient comfortable—fluid increased in abdominal cavity since last visit; urine normal;

appetite good. The evening of the 14th administered f.  $\frac{3}{4}$  j. ol. ricini, which produced a free, copious evacuation of the bowels. Removal of the tumor was decided upon, after consultation with Drs. A. T. MILLER, and C. M. GRAVES, of Corning. The patient was placed in a favorable position—the one used in the lateral operation of lithotomy. A combination of three parts of ether with one of chloroform was given as an anæsthetic. An incision five inches in length was made through the abdominal parietes from two inches below the umbilicus downward in the median line. Ten quarts of serum were evacuated disclosing the tumor. I then inserted my hand through the opening, discovering, with the exception of a slight adhesion of the omentum to the anterior aspect of the tumor, no adhesions. The tumor, a multilocular cystic one was connected to the left ovary by a membranous pedicle four inches broad. The walls of part of the cysts were degenerated. Punctured the cysts, the contents of which and their size varied. In some were found serum, in some albuminous, and in some gelatinous fluid, in others degenerated pus, and in others still, blood apparently unmixed with fibrin. Ten cysts were opened. As soon as the contents were discharged the walls collapsed. By careful manipulation the balance of the tumor, consisting of five undischarged cysts, was then drawn out through the opening. The portion of the omentum adherent was ligated and excised. The pedicle was then ligated, by passing a double armed needle through its centre, and knotting both ways, and the tumor weighing then eighteen pounds was removed. The wound was dressed, and the ligatures brought to the opening, and fastened by means of a block of wood, a bandage applied tightly around the entire abdomen, and the patient removed to her bed. Reaction came on slowly and imperfectly at first. Diffusible stimulants were given, the patient vomiting freely. In three hours reaction was well established. Patient rested well that night, morphia and quinia in the quantities mentioned above were given every four hours.

November 16th. Patient complained of acute burning sensation over the entire abdomen with occasional vomiting; pulse 100, full and strong; discontinued the quinia. No pain, discontinued the morphia; chicken broth given with a small quantity of pounded ice. Toward night, suspension of emesis. Urine freely evacuated.

November 17th. Rested well the night before. Dressed the wound; found it in good condition; no pain; abdomen slightly distended and tender; tongue slightly furred; pulse 120, full and

strong. Ordered warm fomentations to the abdomen and anodynes resumed. From November 18th to 24th, patient continued gradually to improve. Inflammation, tumidity and tenderness of the bowels subsided. Patient sat up a short time on the 24th. Bowels moved naturally the afternoon of the same day, for the first time since the operation. Pulse 80.

I saw the patient one year after the above operation, on her way to visit her friends near Buffalo, N. Y. She was in as good health as she ever had been previous to her marriage, able to perform all her household duties, etc. The operation I consider a successful one, in every respect but one—in healing the external incision in the abdomen; part of the pedicle, by which the tumor was connected to the ovary, became adherent to the abdomen. This adhesion produces a slight stoop as she walks, and prevents her from standing perfectly upright, a defect she is rapidly overcoming, however.

I have since the above operation, operated once for ovariectomy, but not on so large a tumor. Instead of an incision five inches in length, I now make it but two, and find equally as good results.

#### CASE OF CANCER OF THE STOMACH.

By JAMES B. BURNET, M. D.,

House Physician at Bellevue Hospital, New York.

James Nugent, 55 years of age, a native of Ireland, and a laborer by occupation, was admitted to Ward 14 of Bellevue Hospital, on Oct. 18th, 1866. Of himself and family, he gave the following history: Father was 63 years of age when he died, and for about one year before this event, was troubled with his stomach—pain, vomiting, etc., and became very much emaciated, but he does not know whether he died from his stomach difficulty or not. His mother died at the advanced age of 97. No other members of his family have ever been troubled with their stomachs, and all enjoy good health. He has been in the habit of drinking steadily several glasses of liquor a day, for a long time, but would get on no debauches. For the past year, his time has been employed in putting in wood and coal. Last August, he was attacked several times during the day with vomiting, which would generally take place in about an hour or two after he had taken any food or drink. Meat and soup seemed to be especially obnoxious to his stomach. Since he has commenced to vomit, he has been gradually losing flesh and strength, he having before been very stout. He also has noticed that

he was becoming of a yellowish unhealthy color. Several times he has vomited what he thought was blood, a darkish-looking material, like coffee-grounds. About two months ago, he would frequently be obliged to arise at night, for the purpose of passing his water, which was very free. About six weeks ago, his stomach-symptoms continuing all the while, his stomach became "quite sore," to use his own expression, and he was troubled with much pain in the back, at a point corresponding with a line drawn backward from the pit of the stomach. He also observed a tumor growing from under the ensiform cartilage, which has gradually continued to grow until the present time. He was then compelled to cease from his work. Three weeks ago, he passed very little urine, not over a pint in the course of the twenty-four hours. In a week from that time, his feet, legs, and thighs became swollen, and since then he has been afflicted with pain in the lumbar region at night, but not during the day. Two weeks ago, shortness of breath came on, and his eyes became slightly jaundiced. He never noticed any swelling under the eyelids. His bowels have been inclined to be costive since last August. When he entered the ward, he could hardly keep the slightest article of food upon his stomach. He described the pain in the tumor as dull, heavy, and gnawing. His lower extremities were considerably oedematous. Tongue was normal in appearance; eyesight and hearing were good. No albumen or casts were found in his urine. The tumor growing from under the border of the left ribs, presented dullness on percussion, and a nodulated feel.

The diagnosis of *cancer of the stomach* was made, and the man put upon a diet of milk and lime-water.

Oct. 29th. His vomiting has been much better, but to-day it appears to be worse again. During last night, his scrotum became quite oedematous. No decrease in the swelling of the legs.

Nov. 1st. No vomiting since the last report. Tumor is increasing.

4th. He complains a great deal of his difficulty of breathing. No disease of the heart or lungs is discovered. The hard nodulated tumor has reached over to under the free border the ribs on the right side. From the feel, the probability is that now the left lobe of the liver is also involved. There is considerable swelling under the eyelids.

8th. No more vomiting, but he is fast losing ground. He is rapidly emaciating. The tumor still continues to increase in size, and from the feel, there is but little doubt that the

liver is also involved. Bowels are very costive. His feet are immensely oedematous. His scrotum and penis are also more infiltrated than ever.

9th. The patient being firmly convinced, at last, that his end is near, insists upon going home. Notwithstanding our solicitations, he utterly refused to remain longer with us, and accordingly was discharged, much to our disappointment, as thus a most interesting post mortem has been necessarily lost to the profession.

*Remarks.* In this case, the symptoms of the disease were very well marked. The burning gnawing pain in the epigastrium, the coffee-grounds vomit, the characteristic cancerous cachexia, of which we omitted to speak before, the rapidly increasing emaciation, and the hard, nodulated, spreading mass, all plainly pointed out the nature of the affection with which we had to deal. But oftentimes the disease is veiled in the greatest obscurity. The symptoms may point to disease in an altogether different part.

WATSON relates the case of a clergyman, who complained of much pain in the region of his kidneys, the cause of which several eminent practitioners failed to discover, but which was relieved by cupping. The man finally died, with no other symptom save slight sickness just previous to death, when a cancer of the stomach was found.

The stomach is one of the most frequently attacked of the internal viscera, with this terrible complaint. In Paris, there were 9118 cases of death from cancer between the years 1830 and 1840, and of these the uterus was the organ attacked 2906 times, the stomach 2303, and the breast 1149. At or near the pyloric orifice is the portion most apt to be attacked. Cancer of the stomach is more often of the scirrhus than of any other variety. BRINTON, who has written such a fine article on this disease, describes the symptoms as follows:

*Loss of appetite*, he says, one of the first symptoms, is present in about 85 per cent. of the cases, and this is one of the points of differential diagnosis between cancer and ulcer of the stomach, for in the latter there is no true loss of appetite, but the patient is afraid to eat, on account of the suffering which he knows, from past experience, will be induced by the act. In cancer, however, it is quite the opposite, and there is true anorexia.

*Pain*, another symptom, is found in about 92 per cent. of the cases. *Vomiting* is present probably in 87-1-9 per cent. This symptom seems to

be somewhat more frequent in the female than in the male. *Hæmorrhage* is not so frequently found as the other symptoms, being present in about 42 per cent. of the cases. The hæmorrhage can sometimes be recognized as pure blood.

The presence of a tumor is found in about 80 per cent.

*Slight tenderness of the tumor* is generally marked in about one-half the cases.

The cancerous cachexia, in a greater or lesser degree, is probably present in from 90 to 98 per cent.

*Jaundice* is present in about 5½ per cent. In about one-half of the cases, this is due to the disease having extended to the liver.

*Febrile symptoms* are often present, and sometimes amount to true hectic.

*Constipation* is generally present, but diarrhoea may take place, due to the irritation of the bowels by the contact of the cancerous effusion.

*Anasarca* is a quite common symptom, especially in the latter stages of the disease.

These are the principal symptoms, as given forth by the above-mentioned celebrated authority.

The duration of the disease may be estimated at 12½ months.

The treatment, of course, in this fearful affection, is merely palliative. We must depend upon the proper regulation of the patient's diet. We must ascertain what the stomach will tolerate, and administer this in small and frequently repeated quantities. Our patient would bear nothing on his stomach, save milk and lime-water, and of this he was quite fond. He managed to consume an unusually large quantity in the course of the twenty-four hours. The books recommend raw eggs beaten up with the milk. We tried this with our patient, but it did not work at all. He was unable to retain it on his stomach.

Cod-liver oil is recommended by some. But in the several cases that we have had an opportunity of studying during our residence in this hospital, nothing has given so much satisfaction as the milk and lime-water.

If the vomiting is so severe that nothing can be retained on the stomach, the patient must be fed by the rectum. For the offensive eructations, with which our patient was also troubled, TANNER recommends a little wood-charcoal. If the pain is very severe, opiates, enemata, hypodermic injections of morphia, or anodyne poultices over the epigastrium, may be employed.



## Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }  
October 31, 1866.

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

### Result of Lithotomy Operation Performed Oct. 10th.

John M., æt. 13. This boy was cut for stone three weeks ago to-day, (vide No. 19, page 397.) He is quite well, has a good appetite, and sleeps soundly. A little of the urine yet finds its way through the wound, but most of it comes by the natural passage. He passes water three or four times a day, and only has to get up once at night, sometimes not at all. He has got along without one untoward symptom.

### Congenital Pileous Tumor over the Patella.

Edwin S., æt. 17. He has a painless tumor directly over the anterior portion of the patella, which has a crown of hair, a sort of whisker, about it. It is soft, and can be pushed up and removed some distance from the anterior portion of the joint. He was born with this tumor. It is growing now.

This is a very curious malformation, with which Prof. Gross has repeatedly met, situated about the neck. It is simply a congenital hypertrophy of the skin and subcutaneous cellular tissue, or a species of elephantiasis of the skin. Why the hair should grow around the tumor, it is impossible to say.

In consequence of a hurt received two months ago, the part became very much inflamed and painful. Under the use of acetate of lead and opium, there has been a marked decrease of morbid action.

The patient was placed under the influence of chloroform, and the redundant integument removed. The parts were brought together by the twisted and interrupted suture and adhesive strip.

### Lymphatic Enlargement in front of Ear.

Mrs. D., æt. 32. She has had a swelling, for five years, in front of the left ear. It is unattended with pain, and does not interfere with chewing. It extends down into the groove or gutter between the angle of the jaw and the sterno-cleido-mastoid muscle, and as far up as the zygoma. There is no discoloration of the integument. The tumor can be moved a little, but is pretty firmly held down by cellular or fibrous bands.

Sebaceous tumors are liable to occur in this situation. This is not a tumor of this kind, however, as it does not fluctuate, is not as soft as a sebaceous tumor usually is, and feels as if it were lobulated, composed of several bodies connected together. It is an enlargement of the lymphatic ganglions in this situation.

The patient was placed under the influence of chloroform, a curvilinear incision made, and the disorganized lymphatic ganglions removed. They were found to be in a state of tubercular

degeneration. The parts were brought together with several points of the interrupted suture and adhesive strips.

### Whitlow.

Mrs. Catherine C., æt. 60. The thumb of the right hand of this patient presents a bulbous expanded appearance. The nail is diseased, and on the palmar surface of the thumb there are several openings surrounded by nipple-shaped granulations, denotive of diseased bone. The pain has prevented her from sleeping, and deprived her of appetite.

This is an illustration of the form of inflammation known as whitlow, or paronychia, in common language, a felon. It is one of the most atrociously painful affections which can be conceived of. The inflammation sometimes begins in the skin around the nail, from which it extends to the subcutaneous tissue, and thence to the deeper structures. At other times, it commences in the periosteum, and extends outward; or it may have its starting-point in the theca, or the substance of the tendon. The parts are naturally very firm and compact, and hence, not admitting readily of distension, when there is an effusion of serum or plastic matter, they are tightly compressed, and the pain is of a throbbing character, synchronous with the contraction of the left ventricle of the heart. If the case be not properly treated, the result is a destruction of a portion of the periosteum, and the corresponding part of the bone, and the matter has a tendency to travel up along the finger and hand, in some instances as far as the wrist and forearm. The proper treatment is a free incision down to the bone. Thus the bloodvessels are disorged, vent given to effused fluids, structure saved, and the parts placed in a good condition for repair.

In this case the distal phalanx has been entirely destroyed, together with a portion of the other.

All the dead bone and the semi-organized granulations were removed.

### Erythema.

A. H., æt. 48. Temperate habits. His left leg has been swollen and red for eight weeks. At first it was very painful, but it is not so now. There is some itching in the limb. The swelling is quite hard, especially over the anterior portion of the tibia, not quite so hard on the other portions of the limb, still it can be indented. There is preternatural heat in the part. His health is good; he sleeps well, and his bowels are regular. The eye is very slightly watered.

This affection, a species of erythema, an inflammation approaching and sometimes described as a variety of erysipelas, was caused probably by some disorder of the digestive apparatus. It is perfectly remedial.

Five grains of blue mass, with one of ipecacuanha, were ordered to be taken every other night, to act upon the secretions, and the tincture of the chloride of iron, twenty-five drops four times a day, to produce an alterant and tonic effect. As a local application, there is nothing better than wrapping up the limb in sugar of lead and opium, an ounce of the former, and a drachm of

the latter, to three quarts of boiling water. The limb should be kept elevated for some little time. The diet should be plain and simple, not too nutritious on the one hand, nor too restricted on the other.

#### Hare-Lip.

Samuel W., æt. 6 years. This child is suffering from hare-lip, affecting the left side, for which an operation has been performed, the defect in which was, that there was not a sufficient amount of lip removed, and in consequence, an unsightly notch left at the prolabium.

Hare-lip consists in a congenital cleft or fissure of the upper lip, the lower never being affected in this way. The latter is the frequent seat of cancer, while the upper lip rarely suffers from that disease.

Hare-lip may be simple, or complicated with fissure of the palate and bifid uvula; it may be single, or double, as when it occupies both sides of the middle line, leaving a projection between, standing out very much like the snout of one of the inferior animals. It is not only unseemly, but interferes with sucking in early infancy, with deglutition and articulation, for which reasons it becomes the subject of surgical operations. How hare-lip is produced, has not been determined. It has been supposed to be the result of arrest of development, but why it should take place here or at all, is not known. It is frequently associated with club-foot, sometimes with hydrorachitis, and occasionally with extrophy of the bladder.

The operation consists in paring the edges of the fissure freely with the knife, the lip having been, as a preliminary step, detached from the gums on each side. The parts are then brought in contact by means of the twisted suture, the first pin being placed in the prolabium, just at the upper margin, taking a firm hold, the second higher up; sometimes a third is used, but very seldom in a child. The pins should be an inch and one-third, or one-half, in length. The thread is twisted around each pin in the form of an ellipse, the extremities being crossed so as to make equable pressure on the intervening portion of the lip, thus obviating the necessity for the application of adhesive strips.

The child was wrapped up in a sheet, and the parts pared and brought together in the manner indicated.

#### Prize Essay on Physiology and Hygiene.

The Institute of Reward, desiring to extend the knowledge of physiological and hygienic laws, and increase the means of providing for the orphans of soldiers, has offered a reward of \$500 for the best essay on the above subject. The essays are to be forwarded to DAVID P. HOLTON, M. D., editor of the journal of the institute, 49 Bible House, New York. The award is to be made by a committee of three appointed by the President of the American Medical Association.\*

\* We are not informed as to what this "Institute of Reward" is.—EDITOR MED. & SURG. REPORTER.

## Medical Societies.

### PROCEEDINGS OF THE NEW YORK ACADEMY OF MEDICINE.

Nov. 21, 1866. Dr. James Anderson, Pres't.

#### Discussion on Chronic Metritis.

By PROFS. BUDD, BARKER, AND PEASLEE.

Reported by E. S. Belden, Student of Medicine.

Prof. BUDD remarked, that of all the diseases to which the reproductive apparatus of the human family is liable, there are none, with the single exception of the so-called malignant affections, which have so thoroughly baffled the skill of the practitioner as the one under consideration. This is in a great measure dependent upon, and attributable to the fact of the periodical physiological congestion to which the uterus is subject.

Chronic metritis, or chronic inflammatory action of the parenchyma of the womb, may be either general or partial; may affect a part, or the whole of the parenchymatous tissue. When the inflammatory action is partial, it is in the vast majority of cases confined to the posterior aspect of the womb; and this is attributable to the fact of the peculiar anatomical arrangement of the muscular fasciculi which form this organ. The anatomy of the cervix and the body, are almost as distinct as two different organs deriving all the vascular, as well as nervous supply separately, except certain peculiarities of structure, so far as muscular arrangement itself is concerned. The physiological functions of the cervix and body of the uterus are also different. The physiological function of the body or fundus of the uterus during parturition, is to contract upon and expel the product of conception. The physiological function of the neck is *not* to contract, but *dilate*. Chronic metritis is ordinarily found to be the result of an acute metritis, puerperal or non-puerperal, or of the propagation of inflammatory action which has originally existed in the cervix. The latter exists for years in the neck of the uterus, before it is propagated to the body, and extends along the longitudinal fibres, which are more abundant in the posterior surface of the uterus than in the anterior. This accounts for the interesting and familiar clinical fact of the greater frequency of partial chronic metritis on the posterior aspect of the uterus than on the anterior.

A point on which the opinions of gynecologists seem to be at variance is this: In the almost universal coexistence of endo-metritis with the parenchymatous metritis, and which stands to the other in the relation of cause and effect. Is endo-metritis, the result of the inflammation of the tissue of the womb itself? or, is the inflammation of the tissue of the womb the result of an original endo-metritis? ROKITANSKY makes the assertion that chronic parenchymatous metritis is almost invariably the result of inflammatory action, originating in the mucous lining of the body of the uterus. If we look a moment at the peculiar anatomical arrangement, so far as the mucous lining of the uterus is concerned, we can readily comprehend how, if the lining of the uterus

should be the seat of inflammatory action, the tissue of that organ itself would in the course of time be brought to participate in that inflammation. It has been many times demonstrated, that so far as the cavity of the body of the womb is concerned, there is no sub-mucous areolar tissue between its lining mucous membrane and the tissue of the uterus proper. They are so closely connected anatomically, that their separation is a physical impossibility. We frequently see instances of endo-metritis, pure, simple, and uncomplicated, in an extreme form, where the tissue of the womb itself does not seem in the slightest degree to participate in the inflammatory action; but, on the contrary, it is extremely rare to find inflammation of the tissue of the womb existing without inflammation of its mucous lining; therefore, in all cases, or with but very few exceptions, inflammation of the tissue of the womb is complicated with an inflammation of its mucous structure.

Regarding the pathological anatomy of this affection, little can be said. It is essentially a disease of the sick room, not of the dead-house. A peculiarity of the disease is its tendency to exacerbations. Ordinarily, in a case of chronic metritis, during the interval between two menstrual epochs, the patient will enjoy endurable health, at least, and may attend to her ordinary functions; but the very moment the hemorrhage comes on, which precedes the menstrual flow two or three days, as the case may be, that moment all the various symptoms to which the patient has been subjected for a length of time, increase in gravity. This increase in the severity of the various symptoms which accompany the affection preceding menstruation, may be readily explained by the fact that the organ which is already in a state of inflammation, has superadded the physiological congestion prior to menstruation.

Another fact of interest is the ordinary relief which the menstrual period gives to the various local and general symptoms. The explanation here is also plausible. It is, that the organ is subjected to a physiological depletion at the time of menstruation; therefore, one of the most prominent symptoms, so far as the disease in question is concerned, is the exacerbation and the modifications of all the local and general symptoms preceding menstruation, and their partial relief during the menstrual flow.

As to diagnosis, it is ordinarily simple and satisfactory. The organ seems to be increased in size, and is excessively sensitive; the slightest pressure, either upon the neck, or in the anterior or posterior cul-de-sac, so as to subject the organ to digital pressure, causes intense pain. The general and local symptoms resembles those which accompany all of the various uterine affections with which we are familiar. More frequently, however, than in other uterine diseases, there are present deranged digestion.

The progress of the disease, as a rule, is slow and steady; and its termination, generally, is not by resolution. It terminates more frequently, after the menstrual periods have become permanently arrested, than in any other way.

The therapeutics of chronic metritis are exceedingly unsatisfactory. We can palliate; but

the cases in which we can effect a cure are exceedingly exceptional. The treatment resolves itself into what may be denominated local and general. The local treatment consists of depletion, and counter-irritation; the general treatment in the administration of alteratives and tonics. Depletion, usually, is followed by decided relief, so far as local, and sometimes general symptoms, are concerned. The relief, for obvious reasons, is much greater if depletion is practised between two menstrual periods. The application of leeches to the neck, scarification or puncture of the neck, is ordinarily followed by sufficient hemorrhage to relieve the disagreeable symptoms without affecting the general condition in any way. Patients who have long been subject to this disease, are invariably in a condition of anemia. Notwithstanding this, local depletion in these patients is followed by most beneficial results. It is also successfully practised in patients who are not so extremely anemic, by the application of cups over the sacral region.

Counter-irritation may be applied either to the cervix itself, or to the hypogastrium, or sacral region. So far as counter-irritation to the cervix is concerned, the application of vesicating colloid, readily producing a blister, the speaker has found very effective in giving relief. If, as is usual, there is evidence of endo-metritis, the free application to the fundus uteri of the strong tincture of iron, applied by means of a whalebone, sufficiently long and flexible to adapt itself to any form of uterus which may exist, is preferable. Often, where no induration or hypertrophy of the neck exists, the establishment of an issue in the neck of the uterus by the actual cautery, is followed by the greatest relief. The application of a seton in the hypogastrium, or of a nitric acid issue over the sacrum, is often followed by the best results. The almost universal general treatment consists in the administration of mercurials in small doses; and the most popular, and, at the same time, the most satisfactory, is the combination of the bichloride with the compound tincture of bark.

A partial chronic metritis may exist as a separate, independent, and almost distinct affection, from the general chronic metritis. Under these circumstances, we have displacements of the uterus to complicate the original disease. Increased weight of the posterior surface of the uterus depending upon hyperemia, results in retroversion; and with the single exception of traumatic retroversion of the uterus, that dependent upon some injury, violence or strain, the cases of retroversion which come under our observation, which are uncomplicated with partial chronic metritis, are *extremely rare*. A point of interest is in reference to the treatment of retroversion of the uterus dependent upon partial chronic metritis, of the posterior wall.

Is any permanent or beneficial effect to be expected from any mechanical support, which may be introduced into the vagina, with a view of retaining the uterus in its position, so long as the inflammatory affection exists? There is the greatest diversity of opinion on this question among gynecologists. Some are in favor of mechanically retaining the uterus in position,

entirely irrespective of the condition of its body, so far as inflammatory action is concerned; others with equal vehemence maintaining that under no circumstances ought mechanical support to be employed.

Dr. PEASLEE remarked, that almost all authors agreed that chronic metritis is a very common disease. This was said by ASHWELL, twenty-five years ago. It was repeated by BURNETT, of London, fifteen years ago, who states that of all the uterine affections we have to treat, about 80 per cent. are cases of uterine inflammation; and he, of course, does not mean acute inflammation, as he states that that is a very uncommon disease. He states, also, that about 70 per cent. are complicated by ulcerations. It was also reiterated by Dr. WEST, some five years after, that it is very common, but he does not believe as much in ulceration as in inflammation. SCANZONI also states that it is very common; but he says: "You will observe the phrase to signify the same—chronic parenchymatous metritis, or chronic engorgement." Then we have a work printed in our own country, very recently, entitled, "On Chronic Inflammation of the Uterus, and Displacements of that organ." Under this designation of chronic metritis, now suppose that an individual has had one or more attacks previously; otherwise the attack is not deserving of the name of chronic metritis. Or, suppose that we meet a case of a lady who has had on several occasions, typhoid fever. I find her in a high fever; has more or less nausea, and on standing and walking, has pain referred to the region of the uterus. We find more or less thirst, want of appetite, and that there has been more or less constipation for a day or two, and the pulse indicates febrile excitement. If there is any discharge from the vagina, it will very likely be free and watery. Under these circumstances we have a case of inflammation; but is it chronic inflammation? If she had had no other attack, we should not have called it chronic. If she had a dozen in succession, but, in the interval, had been very comfortable, we might say it is a case of chronic metritis. We examine the uterus, and find tenderness on pressure, and all the symptoms of inflammation. Suppose you visit that patient a fortnight afterward, and find her walking about, though with some pain, and some degree of tenderness on pressure of the uterus, but no febrile exacerbation at all. The affection is destroyed, to a great degree, and yet the patient is not well. Before the next period comes on, she will perhaps have an attack as before; and so it goes on, from month to month, and year to year. Is this a case of chronic metritis, or not? It is not, to me, at all. I say frankly, I do not know that I ever had a case which I should call chronic metritis. I have seen cases enough of *recurring metritis*, where it recurred until my patient was entirely exhausted. But, if we mean by chronic metritis the constant inflammation of the parenchyma of the uterus, continuing from one year to another, without any intermission, I have never seen a case. We should make the distinction between *recurring inflammation of the uterus* on the one hand, which simulates more or less an acute metritis, and *mere congestion* on the other hand.

I maintain that nine out of ten, or perhaps I might say, 49 out of 50, of all the cases of chronic metritis, so-called, are cases of chronic congestion of the uterus, and nothing more or less.

As SCANZONI has said, chronic parenchymatous metritis is nothing but chronic engorgement. This congestion, slightly increased, is but a step from inflammation, and this is increased, and passes into inflammation at or before each menstrual period. That inflammation has in its nature a tendency to last but a few days, if let alone. Under proper treatment, the inflammatory condition is easily recovered from in a week or less; but the congestion may remain, and usually does. Another writer makes this statement, "a tender uterus is a diseased uterus, and in almost every instance an inflamed uterus." If we consider a woman who has a tender uterus as having metritis, or inflammation of the lining membrane, then our definition of that affection or condition becomes exceedingly simple. But to my mind, this is incorrect. It was said, two thousand years ago, that inflammation is that state of the part in which it is red, hot, tender, and painful. That was the definition given by CELSUS, of inflammation. It was unfortunate, that when that was said, some other old father of medicine did not also say, "You have the same signs precisely in congestion;" for we have adopted that as the definition of inflammation at the present time. These signs may all occur in congestion, and generally do. Now, although I find uteri enough that are tender, I find very few that are inflamed; for to me a uterus is not inflamed, unless there are more positive signs than mere change of sensibility, or heat even. For me, there is no inflammation of the uterus, without febrile action; as there is never inflammation of any important organ of the body, without febrile excitement accompanying it.

Now, the question arises, may we not have parenchymatous inflammation so slight in extent as not to produce fever? That may be. All writers have made this statement—but I hesitate and question it. That you generally have chronic metritis affecting the posterior and lower portion of the body of the uterus, while acute inflammation of the uterus generally affects the whole organ, I do not myself believe. I believe the reason why we find tenderness and inflammation, when it exists, more *there* than anywhere else, is because this is the accessible point—we can reach there very easily. Another reason is, that, if there is no retroflexion in connection with the disease of the uterus, we then reach the posterior part higher up, and in this case we should notice more tenderness. If, on the other hand, the whole body of the uterus was inflamed, in a case of chronic metritis, and if there was retroversion, it is very easy to find that there is more tenderness on the anterior surface than you find anywhere else. Whether there is more than in the posterior part, we cannot tell, any more than we could in the other. Still, I make this statement, I know, in opposition to very excellent authority. The question whether it is inflammation or not, or whether it is congestion, is not to be settled in this way. We may have congestion, I suppose, confined to one particular part of the



uterus, if we may inflammation. I think one principle would apply to both. But congestion, so far as I know, is not located in any particular part of the body of the uterus. I know no reason why it should be. In practice, I have found very few, or no cases, where I could be sure that the inflammation was limited to one part. It is simply a chronic congestion which may be lighted up and become inflammation, or may not—depending on circumstances.

But, you may well ask, what is the use of making this distinction? I reply, if it is a distinction founded upon fact, it is very important. It will certainly be of advantage in this respect: we shall not assume that every case of mere chronic congestion, or *engorgement* of the uterus, is a case of inflammation, or get the idea into our minds, that we are to treat it as an inflammation, by depletion, and carry the thing too far. I have seen women, who had no inflammation, but congestion, treated locally with leeches, who, after losing blood, were so completely reduced, that they never fairly recovered afterward, but immediately went into decline, which I attributed to the loss of blood. Under the circumstances, I do not think any blood would have been taken locally, or if any, not more than a drachm or two, if it was supposed that the case was simply one of congestion. It makes great difference whether we are treating one disease with high febrile action, or whether we are treating another, of an entirely different character, as the result of congestion.

Thus, again, it leads to another very great error in uterine pathology, an error which was perhaps committed by Dr. BENNETT himself two years ago. He says, "you must not mistake this inflammation for a displacement which was caused by it;" thus implying, that if you find a displacement, it is of course, caused by inflammation. In the first place it is not the fact that displacements are always produced by inflammation. It is not the fact, in my opinion, that displacements are produced, in the majority of cases, by inflammation. If you mean to say inflammation as distinguished from congestion, I believe there are ten cases produced by congestion simply, where there is one produced by inflammation. There then, was one error implied in making chronic metritis cover too much ground. Another is, that you are liable there to mistake the displacements for the inflammation. Do not assume, then, if you find a displacement, that it is inflammation which has produced it. Instead of treating the displacement as a thing in which you cannot effect a cure until you have removed the inflammation, remember that in many cases you cannot remove the inflammation so-called, until you remove the displacement; and if you expect the displacement to right itself after you overcome the congestion, you are disappointed in both results. You cannot remove the congestion, and the displacement is not removed. So much, then, for my ideas in regard to what metritis is.

In regard to the therapeutics, of course, I should make the distinction, whether we had inflammation of the uterus or not. If we have a pretty severe case to treat, we shall have very

much less difficulty in removing the inflammation than in curing the engorgement. In regard to treating the uterus after the inflammation is reduced, I will say my experience is not very satisfactory. I do not look with especial favor upon local treatment, under most circumstances. In the first place, I deem it necessary even in a mild case, and I insist on it, that the patient shall not walk or stand much. She may ride about in the air a little. In the second place, I deem it of importance, that the skin be kept in a perfectly healthy condition, by the use of friction, etc. If the patient is somewhat plethoric, of course, saline laxatives are at once suggested. After attending to this, always inquire whether the liver is active enough, and in most cases of long standing, we shall find the function of this organ defective. But above all, insist upon it, that the patient should be relieved from anxiety, if possible, and from all sexual intercourse. It is therefore well to send the patient abroad for a year or two, when she can bear the expense. Such patients usually return, after a year or two, perfectly well. It is precisely this class which are so much benefited by being sent to water-cures. The water acts favorably upon the skin, their digestion becomes restored, they gain strength, and they are separated from all kinds of excitement, domestic and sexual. Under these circumstances, they recover; but when they return, and are subjected to the same influences as before, it again becomes necessary to repeat this treatment. As to sending these patients abroad, it is well known that the most important feature of the treatment is to give them rest and freedom from excitement. If this cannot be done, use local treatment. I take blood from the uterus directly; but never take more than a small amount at a time. I never apply over a single leech. By scarifying, this may be done effectually. In regard to medication, I have very little to say. I believe that, if there is any one remedy that is worth more than another, it is the bichloride of mercury. Another one is the bromide of potassium.

[To be continued.]

#### **PATHOLOGICAL SOCIETY OF NEW YORK.**

November 14th, 1866.

Among the cases and specimens brought before the Society were the following:

##### **Extensive Tuberculosis in a Child.**

In a child, three years of age, who died in one of the public institutions, on examination of the thoracic cavity the lungs were found filled with tubercles; there was, however, no softening. The air passages were the seat of general inflammation, which involved not only the bronchial tubes but also the trachea, one of the rings of which was ulcerated through. The mesenteric glands were infiltrated with tubercular matter, and there was similar deposit upon the peritoneal covering of the intestines. Throughout the mucous intestinal surface there was considerable inflammation, although none on the peritoneal, which was the seat of tubercular matter,—a somewhat curious circumstance.

### Morbus Coxarius—Successful Exsection of the Head and Neck of the Femur.

A boy now nearly ten years of age, three years ago commenced to suffer from the ordinary symptoms of morbus coxarius of the left side. He was treated in the usual mode by extension and counter extension, without much benefit. A year ago the patient was brought to the Demilt Dispensary, and came under charge of Dr. ROGERS, who reports the case. There was continuous oozing of sanio-purulent matter from several sinuses, one as low down as the middle of the thigh, and the patient was much reduced by loss of appetite, hectic fever, etc. On consultation it was concluded to operate, and what was left of the head of the femur, together with the neck, was removed, as far as the bone was denuded of the periosteum.

The operation was successful. The boy now walks tolerably well with a cane. There is still some tenderness about the thigh and leg, the limb not yet having fully recovered its strength, which is not remarkable when we consider that for two years it had been subject to entire inaction, and that he was not allowed to walk until six months after the operation. By accurate measurement there is now a shortening of about one inch. Rotatory motion of the thigh has been preserved, and he is able to flex the thigh upon the pelvis up to a certain point, when the pelvis is carried along with the effort. The trochanter can be felt moving in all these movements. For a boy of his age, the case presents a good and substantial false joint; and as the limb continues to recover its full strength, there is hope for still further improvement. There was a good deal of stiffness of the knee from his confined position previous to the operation, and it took from one and a half to two pounds weight to extend the leg.

Regarding the treatment after the operation, it was, of course, supporting and tonic,—mechanically, extension. Regarding the shortening there was none, when he first got upon his foot; it commenced about two and a half months after. The extension was continuous, until the knee became straightened,—then partial, sometimes applied to both leg and thigh, at other times to each separately. Passive motion was practised early. The abscesses (sinuses) lasted for six months after the operation.

Prof. Post remarked that there was remarkable porosity about the medullary portion of the specimen presented. The result of the case, (as shown to the Society by the presence of the boy,) he considered uncommonly satisfactory.

### A Tumor of Labium Magus

was presented, which gave rise to some discussion, as to its pathological nature. It was removed two months ago from the labium magus of a large fully developed German woman, still menstruating. Two years ago she had been operated on for the same disease. The tumor looked cancerous; there were enlarged inguinal glands on both sides, which had suppurated. The tumor, microscopically, consists of medullary cancer, undergoing melanotic infiltration; its anatomical elements are elongated, fibroid cells, ovoid cells, with three-fourth nuclei.

Dr. ROGERS in his remarks controverted the idea that the tumor was cancer, simply on account of its melanotic appearance. It did not present the history of cancer. There was no general cachexia; he looked upon it as a fibro-recurrent tumor.

Prof. HAMILTON stated that the occurrence of suppuration in this case was very remarkable for cancer.

### Gun-Shot Wound of Heart.

Prof. HAMILTON presented the specimen of a case, which had already been described several years ago, in the *American Journal of Medical Science*, but the specimen had never been presented before to this Society.

It was a heart containing a bullet of a boy, who, when 14 years of age, received a musket ball into the right side and shoulder, at Chatham Four Corners, N.Y. This was in 1840. The ball could not be discovered at the time. Six weeks after the injury he returned to work, and lived until 1860—twenty years,—having been married in 1845.

Five years after the receipt of the injury he was attacked with violent palpitation of the heart, the result, as far as could be ascertained, of violent exertion, from which he never entirely recovered.

When he died in 1860, the autopsy revealed the presence of a ball in the right ventricle, near its apex, surrounded by atheromatous deposit. The heart was somewhat dilated, but not hypertrophied. His last illness was ascribed to cold, the result of exposure from washing sheep in a brook.

### Necrosis of Skull.

Prof. HAMILTON presented portions of the skull of a patient, who was suffering from syphilitic necrosis. A few days ago the integument was laid open, and large portions of dead bone removed. He called attention to the fact, that although the bone appeared to be dead, yet it adhered strongly to the subjacent parts, and was dotted over by a large number of granulations shooting through its minute perforations.

Prof. Post suggested that the apparent vitality of the necrosed bone was not due to real vital action, but simply due to the shooting in of granulations from below into a porous substance. The same phenomenon may be observed with foreign porous substances, such as sponge.

## EDITORIAL DEPARTMENT.

### Periscope.

#### Punctured Wound of Fœtus in Utero.

At a late meeting of the Chicago Medical Society, as per report in the *Chicago Medical Journal*, Dr. BOGUE exhibited a fœtus, apparently of the third month, which had been expelled from a young married woman, after the introduction of a "probe" into the uterus, by a practitioner of that city. Behind and above the right clavicle was a minute punctured wound, as if produced by the probe. Examination showed that this opening extended into the cavity of the chest.

## DIFFERENTIAL DIAGNOSIS OF TYPHUS FEVER AND CEREBRO-SPINAL MENINGITIS.

In Dr. WEBER's Essay on Cerebro-Spinal Meningitis, published in the *Boston Medical and Surgical Journal*, the following practical table is given:

<i>Symptoms of Typhus resembling Cerebro-Spinal Meningitis.</i>	<i>Symptoms of Typhus not resembling Cerebro-Spinal Meningitis.</i>	<i>Symptoms of Cerebro-Spinal Meningitis.</i>
Sometimes prodromes; often commences suddenly.	Eruption rarely absent. Eruption appears on the fourth to seventh day.	Occasionally prodromes; usually commences suddenly. Eruption often absent. Eruption appears on the first or second day.
Purpura and vibices. Herpes on lips and elsewhere. Tongue generally black or brown.	Occasionally nausea, rarely vomiting. Delirium seldom before end of first week. Delirium often furious. Delirium becoming coma on ninth or tenth day. When delirium sets in, pupils contracted. Headache ceases when delirium commences.	Purpura and vibices. Herpes especially on lips. Tongue occasionally dark colored. Nausea and vomiting not uncommon. Delirium early, often on first day. Delirium usually talkative, and quiet. Delirium becoming coma much earlier. Pupils usually dilated.
Pupils sometimes dilated.	Convulsions not earlier than 7th day.	Headache continues after delirium begins. Tenderness of surface. Subsultus tendinum, though not so common. Convulsions earlier.
Tenderness of surface. Subsultus tendinum.	Opisthotonos very rare. Rarely inflammation of the brain. Skin usually dry.	Rigidity of muscles. Opisthotonos common. Inflammation of the brain common. Skin not often very dry. Pulse 80 to 140.
Rigidity, especially of the flexors.	Pulse generally regular.	Pulse generally irregular. Great prostration. Usually constipation; occasionally diarrhoea; stools often dark.
Pulse 80 to 140.	Amendment on 10th to 16th day. About one in five dies. Fatal between twelfth and twentieth day, sometimes on first day.	Urine sometimes diminished. Sometimes albuminuria. Sometimes complicated with pneumonia. Complicated with sore throat. Inflammatory swelling of the parotid lymphatics about the neck and in other places. No stated period of amendment. About one in three dies. Fatal earlier, between second and sixth day, not unfrequently on the first day.
Great prostration. Usually constipation; occasionally diarrhoea; stools often dark. Urine often diminished. Sometimes albuminuria. Sometimes complicated with pneumonia. Accompanied by sore throat. Inflammatory swellings and buboes, especially of the parotid and submaxillary.	Pneumonia not common, 43 in 288 cases. Occasionally recent pleurisy. Not mentioned.	Moderately contagious. Blood fluid and dark. Lungs rarely healthy; usually hypostatic congestion, sometimes amounting to consolidation; both equally affected; œdema at times.
Moderately contagious. Blood fluid and dark. Lungs rarely healthy; usually hypostatic congestion, sometimes amounting to consolidation; both equally affected; œdema at times.	Rarely signs of inflammation in heart. Liver not enlarged. FEVER's glands healthy; no signs of inflammation in the intestines.	Moderately contagious. Blood fluid and dark. Lungs, when affected, showing hypostatic congestion; sometimes exudation of blood into the parenchyma. Pneumonia not so common, except when that form is epidemic. Pleurisy not observed. Effusion of lymph into the pericardium. Marks of inflammation in heart. Spleen enlarged and softened. Liver softened. Liver enlarged. Inflammatory spots on the intestinal mucous membrane; FEVER's patches enlarged, and sometimes ulcerated, though not as in typhoid fever.
Spleen enlarged and softened. Liver softened.	Post mortems show that inflammation of the brain or its membranes rarely if ever occur, even as complication in typhus.	Principal and most frequent lesions show inflammatory action within the cranium and spinal canal.

### Intestinal Dejection of Starch.

Under this title, Dr. FAIRFAX republishes in the *Richmond Med. Journal* the case of a middle aged gentleman, who after having suffered for about a week from pain in the epigastrium, irritable stomach and constipation of the bowels, and having been subjected to varied treatment of cupping, hypodermic injections of morphia, inhalations of chloroform, warm fomentations and the hot bath, was finally relieved by copious enemata, repeated for several days, which resulted in the passage of large quantities of a white inodorous substance, which in the moist state resembled chalk or magnesia; chemical examination, however showed the substance to consist almost entirely of starch. The discharges were entirely separate from ordinary fecal matter, untinged in color and devoid of odor.

This accumulation of starch in the bowels, Dr. F. ascribes to the imperfect digestion of the starch contained in the ordinary farinaceous food of the patient. An analysis of the matter discharged, made by Prof. DALTON, of N. Y., shows it to consist of raw corn-starch. As the patient not unfrequently used corn bread, as a portion of his diet, it is fair to assume, that such bread was at times insufficiently cooked, and thus resisting the action of the intestinal juices, caused the accumulation.

## Reviews and Book Notices.

**Inhalations in the Treatment of Diseases of the Respiratory Passages, Particularly as Effected by the Use of Atomized Fluids.** By J. M. DA COSTA, M. D., Physician to the Pennsylvania Hospital, etc. New York: JOHN MEDOLE, Printer, 193 Pearl street. 1866. Pp. 41. Price, 75 cents.

We hope that the issue in New York of a paper by a prominent physician of Philadelphia, is not significant of a tendency toward the absorption by that city of all claims here maintained to the name of "medical metropolis." The book is, however, worth issuing anywhere; as it gives, briefly and clearly, and with illustrations, just the practical information which every one wants, in regard to a mode of medication now attracting much attention.

In his sketch of the history of inhalation, Dr. DA COSTA might have been more full. No mention is made of SCUDAMORE, whose treatise (London, 1830) had a wide circulation. BOERHAAVE and VON SWIETEN used inhalations systematically early in the 18th century.

The first proper instrumental inhaler was devised and employed by Dr. JOHN MUDGE, in England, in 1799.

Dr. DA COSTA pronounces the most perfect and efficient apparatus for atomization of liquids, to be that in which steam is the motive power, on

the principle of SIEGLE. A modification of this has been, under the author's direction, constructed by GEMRIG, which is very simple and convenient. Under many circumstances, however, it is evident that CLARK's hand-ball atomizer, or RICHARDSON's spray-producer, or some other instrument for manipulation, will be more available.

Treatment by inhalation must, as a rule, Dr. DA COSTA tells us, be carried on by the patient himself, at his own house; and, therefore, he must have an inhaler in his possession, and be taught how to use it. This necessarily limits the employment of this means of medication very much; so that we are not surprised to find that many physicians never resort to it at all.

A very useful table is given in this book, of the doses for inhalation of different substances. No mention, however, is made of creosote and carbolic acid, in this connection. Creosote was used in this way in phthisis and bronchorrhoea by ELIOTSON, many years ago; and carbolic acid has recently been employed, with asserted advantage, in the same way. Chloride of zinc, from its known antiseptic properties, we should suppose, would be worth experimenting with, at least in diphtheria, fetid bronchitis, and pulmonary gangrene.

Dr. DA COSTA's trials of lime-water nebulization in diphtheria, do not confirm KUCHENMEISTER's assertion of the solubility of pseudo-membrane in that liquid. He found the application, however, "very grateful and cleansing." (P. 33.) In phthisis, no inhalations seemed to produce important effects after softening occurred, beyond palliation of cough and other symptoms.

### Local Anæsthesia.

Dr. HENRY T. GODFREY, of Benton, Wisconsin, in the *Chicago Medical Journal*, gives the results of RICHARDSON's mode of producing local anæsthesia by ether spray, in seven cases, as follows: 1. Extraction of molar tooth, application of spray 30 seconds, no pain, no ill effects. 2. Deep incised wound in back caused by point of plough: application of spray 40 seconds; three sutures introduced without pain; wound healed well. 3. Incised scalp wound,—30 seconds; two fine sutures introduced, slight pain. 4. Onychia of three months' standing,—pain on slightest touch; application of spray 60 seconds; excision of one-fourth of nail without pain. 5. Molar tooth extracted without pain;—application of spray, 30 seconds. 6. Pott's fracture, followed by abscess of ankle-joint, patient extremely irritable; application of spray 60 seconds;—painless enlargement of the wound and extraction of a piece of carious bone. 7. Encysted tumor, size of a walnut in the left superciliary region. Application of spray 70 seconds. Excision of tumor, without pain or ill effects.



## Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, DECEMBER 15, 1866.

### THE SANITARY DEPARTMENT OF THE UNIVERSAL EXPOSITION AT PARIS.

Our readers have been fully informed of the very laudable and eminently patriotic undertaking inaugurated by our countryman, Dr. THOMAS W. EVANS, the distinguished dental surgeon, long resident in Paris, in which he proposed to establish a Sanitary Department in connection with the Universal Exposition in Paris in 1867, for the purpose of exhibiting all the various appliances for the relief, comfort and care of sick and wounded soldiers while in active service. The original plan of Dr. EVANS seemed to have special reference to the means employed by the Sanitary and Christian Commissions during our late civil war, but we believe contributions from other sources were not refused, though very few, so far, seem to have been offered.

We are glad to be able to announce that Dr. EVANS' enterprise has proved *an eminent success*. One large instalment has already been forwarded, and another is expected to leave this week. The contributions to this department constitute a very large proportion of the material that has thus far been forwarded to the Universal Exposition.

A special section of the Exposition has been devoted to this department, outside of the space that is allotted to the United States, and Dr. EVANS and his special agent in this country have devoted themselves with untiring energy and zeal to making a collection that will be at once creditable to our country and beneficial to mankind. The cost to Dr. EVANS will be from \$25,000 to \$30,000.

A great many appliances that were in use in our armies by the Sanitary and Christian Commissions, will be on exhibition, giving an exact idea of the completeness of the provision made through these organizations, for the comfort of the sick and wounded that might temporarily come into their hands. Among these we may mention the following: A model, about fifteen feet long, of Dr. ELISHA HARRIS' Hospital Car, with all the conveniences complete, in miniature, even to the apothecary shop, with its tiny bottles filled with medicines and labelled, and the panels between the windows painted with appropriate representations and devices.

This model was built, at a cost of about \$2000, by Mr. CUMMINGS, of Jersey City, and is in all respects a creditable piece of workmanship. There is, also, a PEROT's medicine wagon, exquisitely finished in black-walnut. This was built in this city. There is also one of AUTENREITH's medicine wagons, built in New York. There are four ambulances; one a fireman's ambulance, belonging to the Philadelphia Fire Company, which was used in this city to transport the sick and wounded from the depots to the hospitals; a PEROT's ambulance made in this city; Dr. B. HOWARD's ambulance, and the "RUCKER ambulance" made in Boston. There is also a Christian Commission Coffee wagon; one that was in actual use in the field at the time of Gen. LEE's surrender; and a PINNER's ambulance kitchen.

All kinds of surgical apparatus and mechanical appliances are also to be found in the collection, among which may be named BUCK's and other forms of fracture apparatus; LATTY & CROSSBY's fracture beds, etc., etc. There is also a Hospital Tent, completely furnished with Sanitary Commission stores, food, clothing, etc., etc.

These contributions will give Europeans a favorable opinion of our ingenuity, and the humanity of our people, who in addition to the heavy burdens necessarily imposed on them by the Government, voluntarily assumed this additional and very expensive burden, in order to add to the comfort of those who were devoting their lives to their country in her hour of peril.

We trust, however, that the impression will not be given to our European friends, that no adequate provision was made by our Government for her sick and wounded soldiers. Her hospital supplies were ample, but there were times, when for a short period the united exertions of the medical department of the army, and of the agents of the Sanitary and Christian Commissions, did not suffice to prevent much suffering. While we are disposed to accord the fullest measure of credit to the voluntary organizations which did so much to ameliorate the condition of the sick and wounded soldiers, we are bound to say that our Government, through its medical department, provided most liberally all the necessaries, comforts and delicacies that were required for the use of the army. We shall look with pride on Dr. EVANS' Sanitary Department of the Paris Exposition, not only as an exhibition of the liberality and Christian feeling of our people as shown through the Sanitary and Christian Commissions, but as an evidence of the maternal care of Government over her soldiers, inasmuch as she bountifully provided for them in the same manner.

## Notes and Comments.

### Pocket Record and Visiting List.

The announcement of our Physicians' Pocket Record has met with a remarkably favorable reception from the profession. Orders are coming in for it with great rapidity, and the prospect is that the edition will soon be exhausted.

We feel assured that the profession will be satisfied with it, and whatever may be lacking to perfect the work, will be made up in subsequent editions, as we are determined that it shall be the most complete physician's visiting list and pocket record published.

### Tobacco in our Public Institutions.

We see it stated that of the 1052 male and female convicts in the Penitentiary of Illinois, nearly every one of both sexes chews tobacco, which is distributed to them every Sabbath morning at an annual expense of \$6000.

A connection of seven years with a public institution has convinced us that this custom of furnishing tobacco to the inmates, or allowing them to procure it in any way, is a great evil. It perpetuates a depraved taste, which has been formed in connection with other wicked, depraved and unnatural habits, and will inevitably prove a connecting link with those habits when the subject leaves the institution. Persons too, who are accidentally thrown into our public institutions not having formed these depraved habits, soon acquire them, and are led into other excesses thereby as soon as opportunity offers. In our hospitals the use of tobacco, and the surreptitious use of alcoholic stimulants, opium, etc., are often the cause of great embarrassment to the medical attendants.

Inmates of our penitentiaries, almshouses, jails, and other public and charitable institutions should be strictly denied the use of these articles. Sevenths of these persons are brought to this condition directly or indirectly, through the instrumentality of stimulants and narcotics.

### The Long Island College Hospital.

This institution has been remarkably successful. There are two or three reasons for it. The first is, the Regents and Council have shown a liberal spirit in establishing the college, and have provided it with an excellent, *live* faculty. Their course of instruction is thorough, Clinical instruction occupying, as it should, a very prominent position in their plan. Another cause of the success of this institution lies in the fact that the Council is not backward about letting stu-

dents know of the existence of their institution. If some others that we wot of would follow their example, and advertise a little more, it would be better for them.

During the session of 1866 the Long Island College Hospital had 109 matriculants and 49 graduates.

### The Medical and Surgical Pioneer.

We have received the initial number of this monthly journal, edited by Dr. J. KELLER, and published at Kansas City, Mo. It contains forty pages of well-written, original, and judiciously-selected matter. We wish our confrère success in his arduous undertaking.

## Correspondence.

### DOMESTIC.

A Singular Case of Malformation of the Mouth, Nose, and Palate of an Infant at Birth.

EDITOR MEDICAL AND SURGICAL REPORTER:

I was not the accoucher in the case of the above infant, but was called in to see it, and to give an opinion, shortly after its birth. I have since stated the case to our county medical society, and was requested to write it out, which is as follows:

The superior maxillary and lip is all wanting between the nares, (a space of one inch.) On the verge of the right maxillary there was a tooth sufficiently developed for a child of three years of age; it was loose, and a source of annoyance, so I removed it with the fingers. The nose is flat; it lacks the vomer and septum nasium. The palate is very small and imperfect; it is detached from the maxillary bone entire; it is in the centre of the posterior roof of the mouth, but does not extend more than half-way forward, so that the anterior part under the nose is all wanting. On the verge of the nose there is a tumor, (not a polypus,) consisting of two parts, attached together at the upper end. They are of a flattened shell-bark shape. They are attached to the margin of the nose by a narrow pedicle. One is about an inch in diameter; the other about half an inch. They are vascular, red, and I think, of a fibroid tissue. They feel rather solid, are movable. They possess no distinct pulsation. The smaller part lies in the cavity of the mouth. The other protrudes out of the mouth. This tumor does not seem to grow in proportion with the child. Deglutition is difficult; it cannot suck the breast. To the inner or posterior part of this tumor, there was a small bone attached, extending

back to the front part of the palate, where it adhered. It was the thickness of a common quill, and lacked periosteum. I removed it without any difficulty. I have proposed tying the tumor with a waxed-silk ligature, to avoid hæmorrhage, and then cut it off. But the parents object as yet, on account of its youth. If this obstruction was removed, in the course of time the palate and maxillary might be supplied; the lip also, by a plastic operation. The child is aged three months, and is healthy. Its parents are moral, religious, and well developed.

The above is as good a description of the case as I can give, without a microscopical examination. Cause of deformity is imputed to the mother looking too frequently at a large show-picture that was pasted up in front of her house, on which was exhibited the hippopotamus, with its mouth wide open, showing its tusks. It has long since been conceded by ancient, as well as modern observers, that impressions can be made on the foetus during gestation. This should serve as a caution to mothers. The infant has since died with dysentery. JACOB RITTER, M. D.

*Liverpool, Perry co., Pa., Nov. 17, 1866.*

#### Supernumerary Fingers.

EDITOR MEDICAL AND SURGICAL REPORTER:

An interesting case has lately occurred in my practice, which may be worth relating.

The patient, a colored child, was born on the 1st of November, 1863, with an extra finger on each hand. The additional one was in connection with the little finger.

The supernumerary member was smaller than the normal one, but well shaped, and furnished with an excellent nail. The attachments were purely cutaneous. These I removed close to their attachment, leaving a sufficiency of integument to cover the wound; very little bleeding occurred, and no deformity of the hand remains.

CHARLES NEWTON, M. D.

*Sharpstown, N. J., November 28th, 1866.*

#### Omaha (Nebraska) Medical Society.

EDITOR MEDICAL AND SURGICAL REPORTER:

We have at last moved in the right direction, a step has been taken, at which we are all rejoiced. For months the profession felt the pressing need of organization; and in June last, a preliminary meeting was held, a temporary organization formed, and a committee appointed to draft a constitution and by-laws. A called meeting was held on the second Monday of this month, at which the final organization took place, by the acceptance of the constitution and by-laws, and the election of officers.

The following named gentlemen are the officers and members of the new formed society.

J. P. Peck, President; A. Røder, Vice-President; J. H. Peabody Treasurer; J. N. Rippey, Secretary; R. C. Moon, C. H. Pinney, L. Babcock, Wm. McClelland, J. C. Conkling, J. G. Hunt, M. Den.

A few who were absent, will undoubtedly connect themselves with the association.

Committees are to be appointed on meteorology, etiology, and general medical intelligence, to report at the regular meetings on the second Monday of each month.

Yours, etc.,

J. N. RIPPEY.

*Omaha City, Nebraska, Nov. 27, 1866.*

## News and Miscellany.

— **PARAFFINE FOR PRESERVING MEAT.**— During the late meeting of the British Association at Nottingham, at one of the *soirées*, specimens of meat preserved in paraffine, were exhibited. The process consists in the immersion of fresh meat in paraffine at a temperature of 240° Fahr., long enough to effect a concentration of the juices of the meat, and to expel the air. Afterward a coating of paraffine is applied, to exclude the air, and prevent decomposition.

— **M. QUATREFAGES**, the well-known defender of the unity of the human species, has just published a book on "The Polynesians and their Migrations." His conclusions are these:

"The Polynesians were not created on the spot. Nor are they the last remains of preëxisting populations. Voluntary migrations have brought them into the archipelago of Oceania. From their type, we may gather their origin; it is to be found in the Asiatic archipelago. In some of these migrations, they would fall in with some families of the black race, who might have been cast away on the same islands by the chances of the sea. He considers that none of these migrations are of a date anterior to the first Olympiad; and that the great majority occurred about the commencement of our epoch.

— **Gov. MORTON**, of Indiana, is trying a new remedy—a Swedish invention, called the "Iron treatment." The legs are placed in iron boots and subjected to an oscillatory motion of twelve hundred a minute, and the arms, similarly incased, two thousand a minute. The object is to vitalize and increase the action of the muscles and nerves. The operation causes almost insufferable heat to the extremities. His Excellency improves.

— **PROFESSOR TROUSSEAU**, it is reported by the correspondent of the *Richmond Med. Journal* has resigned his position as physician of the Hôtel Dieu, and now holds the Professorship of Therapeutics at the Medical School. It is thought that he will soon retire from the active duties of a teacher.

— **CARBOLIC OR PHENIC ACID.**—This compound, recently found so efficient as a disinfectant, is now used for internal disinfection, in the form of a lozenge.

— **A NEW TEST FOR IODINE.**—M. CAREY LEA, of Philadelphia, has successfully used chromates, in bringing about the starch reaction in the presence of iodine in extremely small quantities. For instance, in a solution of iodide of potassium, so dilute that the addition of nitric acid or starch produces no perceptible effect, by the further addition of a *single drop* of a dilute solution of the bichromate of potash, instantly produces the well-known change of color.

— **THE Quartermaster General** is preparing to establish in his Department a Museum of the Anatomy and Diseases of the Horse. A great variety of specimens have already been collected and prepared under the superintendence of Dr. BRALEY an eminent Veterinary Surgeon.

## Army and Navy News.

### NAVY.

List of changes in the Medical Corps of the Navy, during the week ending December 1, 1866.

Assistant Surgeon Leslie D. Frost, resignation accepted.

Surgeon Thomas Dillard ordered to report on the 3d December, as Member of Naval Examining Board Philadelphia.

Assistant Surgeon George S. Fife, ordered to duty at Naval Hospital, Chelsea, Mass.

Surgeons W. S. W. Ruschenberger, Lewis B. Hunter, and P. S. Wales, detached from duty as Members of Naval Retiring Board, Philadelphia, and placed on waiting orders.

Dr. Joseph B. Parker appointed an Assistant Surgeon from November 24, 1866.

Acting Past Assistant Surgeon F. V. Greene detached from the Laboratory, and ordered to the U. S. S. Arcootook.

Acting Past Assistant Surgeon John E. Parsons ordered to the U. S. S. Penobscot.

Acting Assistant Surgeon H. C. Eckstein ordered to report on January 1, 1867, for duty on board the Huron.

Acting Assistant Surgeon L. Fussell ordered to the U. S. S. Unadilla.

List of changes in the Medical Corps of the Navy during the week ending December 8, 1866.

Surgeon Wm. Johnson, Jr., ordered to report on January 1, 1867, for duty on board the U. S. Ship Pawnee.

Surgeon T. W. Leach, and Assistant Surgeon H. N. Beaumont, ordered to report on January 1, 1867, for duty on board the U. S. S. Iroquois.

Past Assistant Surgeon C. H. Giberson detached from Navy Yard, New York, and ordered to report on December 15, 1866, for duty on board the U. S. S. Peoria.

Past Assistant Surgeon E. D. Payne ordered to Naval Hospital, Washington, D. C.

Assistant Surgeon J. S. Ramsey detached from Naval Academy, and placed on waiting orders.

Assistant Surgeon J. B. Parker ordered to report for duty at Naval Academy.

Past Assistant Surgeon D. R. Bannan detached from the U. S. S. Shawmut, and placed on waiting orders.

Surgeon James Suddards ordered to duty as Member of Naval Examining Board, Philadelphia.

### MARRIED.

COOPER—OSTRANDER.—In Grace Church, Brooklyn Heights, December 4, by the Rev. D. V. M. Johnson, D. D., Henry W. Cooper and Marguerita, daughter of Dr. F. W. Ostrander.

HASTINGS—TORREY.—In East Abington, Mass., November 29, by Rev. H. D. Walker, Benjamin F. Hastings, M. D., and Miss Miranda Torrey.

JONES—EDWARDS.—Near Newtown, Ohio, November 28th, by the Rev. Geo. H. Dart, John E. Jones, M. D., of Cincinnati, and Miss Euphemis L. Edwards.

LUDINGTON—PORTER.—In Cincinnati, Ohio, Nov. 27th, at the Seventh Presbyterian Church, by the Rev. F. W. Brauns, Horace Ludington, M. D., of Pittsburg, and Miss Isabella P. Porter, of Cincinnati.

PRICE—EVANS.—On the 5th inst., by the Rev. Edward Lounsbury, Henry R. Price, of this city, and Rebecca S., daughter of the late Dr. J. W. C. Evans, of Burlington county, N. J.

RHOADS—WISTAR.—In this city, on Fourth day, the 28th ult., at Friends' Meeting-house on Twelfth street, Wm. C., son of Samuel and Anna Rhoads, and Sarah, daughter of Dr. Caspar and Lydia J. Wistar.

SPRATT—THOMPSON.—November 20, 1866, by Rev. J. K. Andrews, Wm. R. Spratt, M. D., and Miss Nancy A. Thompson, both of Mulberry, Carroll co., Ohio.

### DIED.

ELLIOTT.—At Brookville, Pa., December 6, Dr. David A. Elliott, son of the Rev. Dr. Elliott, of Allegheny City.

GRAHAM.—At New Lisbon, Ohio, Nov. 24th, of organic disease of the brain, Dr. Albert G. Graham.

HIGBIE.—Suddenly, at Yonkers, N. Y., Dec. 5, Jennie M., wife of John M. Higbie, eldest daughter of Dr. S. N. and Jane A. Marsh, of English Neighborhood, N. J., aged 32 years, 11 months, and 19 days.

MILLER.—At Scotch Plains, N. J., Dec. 8, of heart disease, Amos S. Miller, M. D., in the 65th year of his age.

### ANSWERS TO CORRESPONDENTS.

Dr. W. G., *Blakesburg, Iowa.*—Apparatus for club-foot—one tenotomy, and one straight bistoury, sent you by Express 23d ult.

Dr. G. D., *Galveston, Texas.*—Microscope sent by Express.

Dr. B. G. N., *Clifton Station, Iowa.*—One Stem Pessary sent by Express, 30th ult.

Dr. L. D. T., *Cassopolis, Mich.*—Hypodermic Syringe sent by mail on 1st inst.

Dr. W. B., *Lowell, Mass.*—Bartholow on Spermatorrhoea sent by mail on 3d inst.

Dr. C. H. P., *Hebron, Conn.*—Barnes' Caoutchouc Dilators sent by Express on 30th ult.

Dr. W. K. C., *Sandyville, Ohio.*—Gray's Anatomy sent by mail on 3d inst.

Dr. W. M. L., *Hamilton, Va.*—Bartholow on Spermatorrhoea sent by mail on 3d inst.

Dr. C. D. J., *Williamsport, Pa.*—Bartholow on Spermatorrhoea sent by mail on 3d inst.

Dr. G. M. M., *Mahanoy City, Pa.*—Eye Speculum sent by mail on 30th ult.

Dr. E. T. B., *Stephensburg, N. J.*—Roberts on Urinary Organs—Hydrangea Arborecensens—sent by Express on 5th inst.

Dr. W. A., *Troy, N. Y.*—Dixon on the Eye sent by mail on 3d inst.

Dr. R. C. M., *Halifax, Pa.*—One Colpeurynter sent by mail on 30th inst.

Dr. A. J. C., *Stewartsville, Mo.*—Kost's Materia Medica and Therapeutics sent by mail on 4th inst.

Dr. H. W. M., *Johnstown, Pa.*—Ether Spray Apparatus, complete, and one set of Barnes' Dilators, sent by Express on 8th inst.

### METEOROLOGY.

November,	26,	27,	28,	29,	30,	D. 1,	2,
Wind.....	N. W.	S. W.	S. W.	S. W.	W.	N. W.	N. W.
Weather.....	Clear.	Clear.	Cl'd'y.	Cl'd'y.	W. Rain.	Clear.	Clear.
Depth Rain.....					1 in.		
Thermometer.							
Minimum.....	20°	28°	27°	40°	47°	37°	10°
At 8 A. M.....	28	35	49	60	50	38	28
At 12 M.....	46	51	60	67	50	43	86
At 8 P. M.....	47	50	62	67	52	43	39
Mean.....	35.25	41.	49.50	58.50	49.75	37.75	30.50
Barometer.							
At 12 M.....	30.4	30.4	30.2	30.	30.2	30.2	30.4
Germantown, Pa.				B. J. LEEDOM.			